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Bib Data Sheet

CONFIRMATION NO. 5160

SERIAL NUMBER 10/624,065	FILING DATE 07/21/2003 RULE	CLASS 602	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 8864.16
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APPLICANTS

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** CONTINUING DATA *****

no

** FOREIGN APPLICATIONS *****

no

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/21/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY NC	SHEETS DRAWING 3	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Allowance Examiner's Signature <i>Munda W. W. W.</i> Initials <i>AW</i>				

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TITLE

Patella stabilizing knee brace

FILING FEE RECEIVED 678	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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